

Entered - 03/09/04- sb
CL - 04L0174 LISA CARTER

04-R -0684

CLAIM OF: MICHAEL J. PINE
5053 Vining Estate Court
Mableton, Georgia 30126

For damages alleged to have been sustained as a result of
striking a sewer manhole on January 20, 2004 at Donald Lee
Hollowell Parkway, NW and Maynard Road, NW.

THIS ADVERSED REPORT IS
APPROVED

CERTIFIED
MAY 03 2004

BY: 
JERRY L. DELOACH
DEPUTY CITY ATTORNEY

COUNCIL PRESIDENT PROTEM
CERTIFIED
MAY 3 2004

ADVERSE REPORT

PUBLIC SAFETY &

ADMINISTRATION COMMITTEE

DATE 4/27/04

CHAIR 14-1 SH

Vice

Mary Norwood

Carla Smith

Cela Thompson

ADVERSED

MAY 03 2004



CITY OF ATLANTA
OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30303
(404) 330-6033
FAX (404) 658-6273

May 10, 2004

Michael J. Pine
5053 Vinning Estate Court
Mableton, GA 30126

04-R-0684

Dear Mr. Pine:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on December 01, 2004. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division** at (404) 330-6400.

Yours very truly,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: **Claims Division/Law Department**

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 04L0174

Date: April 13, 2004

Claimant /Victim MICHAEL J. PINE
BY: (Atty) (Ins. Co.) _____
Address: 5053 Vinings Estate Court Mableton, Georgia 30126
Subrogation: _____ Claim for Property damage \$ 743.31 Bodily Injury \$ _____
Date of Notice: 03/09/04 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) _____
Date of Occurrence 01/20/04 Place: Donald Lee Hollowell Parkway, NW and Maynard Road
Department _____ Bureau: _____ Division: _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that he sustained damages as a result of striking a recessed manhole at Donald Lee Hollowell, NW and Maynard Road. However, an investigation determined that Roland Pugh Contractors was working at this location and is responsible for the claimant's damages. The claimant has been advised to pursue his claim with Roland Pugh Contractors.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

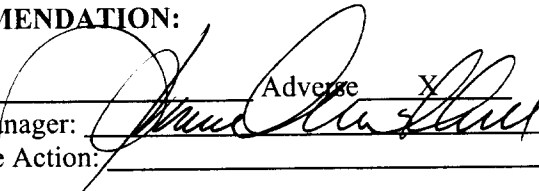
BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - LISA CARTER

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 04/11/04
Committee Action: _____ Council Action _____

NOTE: STEVE McGINNEY FORWARDED M TO THE OFFICE OF
GLEN BURNS ON 2/18/04.

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 3/4/04

ENTERED - 3-9-04 - SB
04L0174 - LISA CARTER

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 743.31 property
and/or \$ N/A bodily injury for which I contend the City is liable. * SEE ATTACH REPORT

1. Date of incident: 1/20/04 (month/day/year) 2. Time of Incident: 6:00 PM 3. Police called: X Yes No
4. Location of incident (including street address): FULTON COUNTY: INTERSECTION OF MAYNARD RD + DONALD LEE HOLLOWELL PKWY.
5. Name of your insurance company: USAA 800-531-8111 Policy No. 4598375
6. State what and how incident occurred: (* SEE POLICE REPORT + PHOTOS) - 6PM ON 1/20/04 TRAVELING NORTHBOUND ON DONALD LEE HOLLOWELL PKWY STRIKING UNMARKED + EXPOSED SEWER MANHOLE IN MIDDLE OF ROAD W/ LEFT FRONT + LEFT BACK TIRES. MANHOLE EXPOSED SEVERAL INCHES ABOVE PAVEMENT. NO STREET LIGHTS, DARK, 45 MPH
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
- Your vehicle: JAGUAR 3.0L X-TYPE '02 GA9644ADK MICHAEL J. PINE
(Make) (Year) (Tag Number) (Driver's Name)
- City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: _____
(Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. Claims must be received within 6 months of the event.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE
INFORMATION IS TRUE AND CORRECT.

Michael J. Pine
Signature of Claimant

MICHAEL J. PINE

(Print Claimant's Name)

5053 VININGS ESTATES CT.

(Address)

MABLETON, GA 30126

(City, State and Zip Code)

404-885-2113

(Work Number)

7709442131

(Home Number)

04-R -0684